2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2025
Secretary of State
0477167859CC

DOCUMENT# L20000045177

Entity Name: THE ATLANTIS DRY EYE CLINIC LLC

Current Principal Place of Business:

2194 HWY A1A
STE 109
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

2194 HWY A1A STE 109-110
STE 109
INDIAN HARBOUR BEACH, FL 32937 UN

FEI Number: 84-4625115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANDESE, LEANN
2194 HWY A1A STE 109-110
INDIAN HARBOUR BEACH, FL 32937 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	MANDESE, LEANN J
Address	2194 HWY A1A STE 109-110
City-State-Zip:	INDIAN HARBOUR BEACH 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEANN MANDESE PRESIDENT 02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date